

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 763014 RECEIPT DATE: 02 / 15 / 01  
IA NUMBER: PCT/ JP00 / 03911 IA FILING DATE: 06 / 15 / 00  
FAMILY NAME: WAKITA DELAY WAIVED (Y/N): Y  
GIVEN NAME: MAKI DEMAND RECEIVED (Y/N): N  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 18 / 99  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 10MC-0039 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 2155683100  
FAX  
NAME: MICHAEL J SWOPE  
STREET: ONE LIBERTY PLACE 46TH FLOOR  
CITY: PHILADELPHIA  
STATE/COUNTRY: PA ZIP: 19103  
EMAIL:  
APPLICATION TITLES:  
CARD TYPE MAGNETIC RECORDING DEVICE

TAB TO LAST POSITION,PUSH SEND